

Corres. and Mail

BOX AF

Please type a plus sign (+) inside this box [+]

Patent and Trademark Office: U.S. Department of Commerce

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number 10/018,987
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Filing Date May 1, 2002
Total Number of pages in this Submission 10+		First Named Inventor Jarmo Lutsua
		Group Art Unit 2882
		Examiner Name Irakli Kiknadze
		Attorney Docket Number 2542-00034

SEP 11 2003

RECEIVED  
U.S. PATENT & TRADEMARK OFFICE  
SEP 16 2003  
JULY 16 2003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After final <input type="checkbox"/> Affidavits/Declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement/PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53  <input type="checkbox"/> Request to Rescind Previous Nonpublication Request	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication To Group  <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below)  Return receipt postcard
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual Name	Peter T. Holsen (Reg. No. 54,180) ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	9/8/03

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - No Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the 16 day of September, 2003.

Typed or printed name	Jo Ann Kuczynski
Signature	
Date 9/8/03	



Approved for use through 10/31/2002  
Patent and Trademark Office: U.S. Department of Commerce

PTO/SB/17 (8/96)		COMPLETE IF KNOWN																																																																																																																																																																																																																																																																																													
		Application Number	10/018,987																																																																																																																																																																																																																																																																																												
		Filing Date	May 1, 2002																																																																																																																																																																																																																																																																																												
		First Named Inventor	Jarmo Luusua																																																																																																																																																																																																																																																																																												
		Group Art Unit	2882																																																																																																																																																																																																																																																																																												
		Examiner Name	Irakli Kiknadze																																																																																																																																																																																																																																																																																												
Total Amount of Payment (\$)		290.00																																																																																																																																																																																																																																																																																													
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>01.2000</b>  Account Deposit Name <b>ANDRUS, SCEALES, STARKE &amp; SAWALL, LLP</b>		<table border="1"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for examination</td> <td></td> </tr> <tr> <td>112</td> <td>920</td> <td>112</td> <td>920</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840</td> <td>113</td> <td>1,840</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>410</td> <td>216</td> <td>205</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>930</td> <td>217</td> <td>465</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,450</td> <td>218</td> <td>725</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,970</td> <td>228</td> <td>985</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>218</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>141</td> <td>1,300</td> <td>241</td> <td>650</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142</td> <td>1,300</td> <td>242</td> <td>650</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>470</td> <td>243</td> <td>235</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>630</td> <td>244</td> <td>315</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>Total claims</td> <td>5 -</td> <td>20 =</td> <td>X</td> <td>=</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>1 -</td> <td>3 =</td> <td>X</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>X</td> <td>=</td> <td></td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td colspan="2">Fee Description</td> </tr> <tr> <td>Fee Code</td> <td>\$</td> <td>Fee Code</td> <td>\$</td> <td colspan="2"></td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td colspan="2">Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td colspan="2">Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">2. CLAIMS</td> <td>Extra</td> <td>Fee from below</td> <td colspan="2">Fee Paid</td> </tr> <tr> <td>Total claims</td> <td>5 -</td> <td>20 =</td> <td>X</td> <td colspan="2">=</td> </tr> <tr> <td>Independent Claims</td> <td>1 -</td> <td>3 =</td> <td>X</td> <td colspan="2">=</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>X</td> <td colspan="2">=</td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td colspan="2">Fee Description</td> </tr> <tr> <td>Fee Code</td> <td>\$</td> <td>Fee Code</td> <td>\$</td> <td colspan="2"></td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td colspan="2">Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td colspan="2">Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td colspan="4"></td> </tr> <tr> <td colspan="6">Other fee (specify)</td> </tr> <tr> <td colspan="6">* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) \$290.00</td> </tr> </table>				Large Entity	Small Entity				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	105	130	205	65	Surcharge - late filing fee or oath		127	50	227	25	Surcharge - late provisional filing fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for examination		112	920	112	920	Requesting publication of SIR prior to Examiner action		113	1,840	113	1,840	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for response within first month		116	410	216	205	Extension for response within second month		117	930	217	465	Extension for response within third month		118	1,450	218	725	Extension for response within fourth month		128	1,970	228	985	Extension for response within fifth month		119	320	218	160	Notice of Appeal		120	320	220	160	Filing a brief in support of an appeal		121	280	221	140	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive unavoidably abandoned application		141	1,300	241	650	Petition to revive unintentionally abandoned application		142	1,300	242	650	Utility issue fee (or reissue)		143	470	243	235	Design issue fee		144	630	244	315	Plant issue fee		Total claims	5 -	20 =	X	=		Independent Claims	1 -	3 =	X	=		Multiple Dependent Claims			X	=		Large Entity		Small Entity		Fee Description		Fee Code	\$	Fee Code	\$			103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim		109	84	209	42	Reissue independent claims over original patent		110	18	210	9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (1) (\$)						2. CLAIMS		Extra	Fee from below	Fee Paid		Total claims	5 -	20 =	X	=		Independent Claims	1 -	3 =	X	=		Multiple Dependent Claims			X	=		Large Entity		Small Entity		Fee Description		Fee Code	\$	Fee Code	\$			103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim		109	84	209	42	Reissue independent claims over original patent		110	18	210	9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$)						Other fee (specify)						* Reduced by Basic Filing Fee Paid						SUBTOTAL (3) \$290.00
Large Entity	Small Entity																																																																																																																																																																																																																																																																																														
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																																																																																																																																										
105	130	205	65	Surcharge - late filing fee or oath																																																																																																																																																																																																																																																																																											
127	50	227	25	Surcharge - late provisional filing fee or cover sheet																																																																																																																																																																																																																																																																																											
139	130	139	130	Non-English specification																																																																																																																																																																																																																																																																																											
147	2,520	147	2,520	For filing a request for examination																																																																																																																																																																																																																																																																																											
112	920	112	920	Requesting publication of SIR prior to Examiner action																																																																																																																																																																																																																																																																																											
113	1,840	113	1,840	Requesting publication of SIR after Examiner action																																																																																																																																																																																																																																																																																											
115	110	215	55	Extension for response within first month																																																																																																																																																																																																																																																																																											
116	410	216	205	Extension for response within second month																																																																																																																																																																																																																																																																																											
117	930	217	465	Extension for response within third month																																																																																																																																																																																																																																																																																											
118	1,450	218	725	Extension for response within fourth month																																																																																																																																																																																																																																																																																											
128	1,970	228	985	Extension for response within fifth month																																																																																																																																																																																																																																																																																											
119	320	218	160	Notice of Appeal																																																																																																																																																																																																																																																																																											
120	320	220	160	Filing a brief in support of an appeal																																																																																																																																																																																																																																																																																											
121	280	221	140	Request for oral hearing																																																																																																																																																																																																																																																																																											
138	1,510	138	1,510	Petition to institute a public use proceeding																																																																																																																																																																																																																																																																																											
140	110	240	55	Petition to revive unavoidably abandoned application																																																																																																																																																																																																																																																																																											
141	1,300	241	650	Petition to revive unintentionally abandoned application																																																																																																																																																																																																																																																																																											
142	1,300	242	650	Utility issue fee (or reissue)																																																																																																																																																																																																																																																																																											
143	470	243	235	Design issue fee																																																																																																																																																																																																																																																																																											
144	630	244	315	Plant issue fee																																																																																																																																																																																																																																																																																											
Total claims	5 -	20 =	X	=																																																																																																																																																																																																																																																																																											
Independent Claims	1 -	3 =	X	=																																																																																																																																																																																																																																																																																											
Multiple Dependent Claims			X	=																																																																																																																																																																																																																																																																																											
Large Entity		Small Entity		Fee Description																																																																																																																																																																																																																																																																																											
Fee Code	\$	Fee Code	\$																																																																																																																																																																																																																																																																																												
103	18	203	9	Claims in excess of 20																																																																																																																																																																																																																																																																																											
102	84	202	42	Independent claims in excess of 3																																																																																																																																																																																																																																																																																											
104	280	204	140	Multiple dependent claim																																																																																																																																																																																																																																																																																											
109	84	209	42	Reissue independent claims over original patent																																																																																																																																																																																																																																																																																											
110	18	210	9	Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																											
SUBTOTAL (1) (\$)																																																																																																																																																																																																																																																																																															
2. CLAIMS		Extra	Fee from below	Fee Paid																																																																																																																																																																																																																																																																																											
Total claims	5 -	20 =	X	=																																																																																																																																																																																																																																																																																											
Independent Claims	1 -	3 =	X	=																																																																																																																																																																																																																																																																																											
Multiple Dependent Claims			X	=																																																																																																																																																																																																																																																																																											
Large Entity		Small Entity		Fee Description																																																																																																																																																																																																																																																																																											
Fee Code	\$	Fee Code	\$																																																																																																																																																																																																																																																																																												
103	18	203	9	Claims in excess of 20																																																																																																																																																																																																																																																																																											
102	84	202	42	Independent claims in excess of 3																																																																																																																																																																																																																																																																																											
104	280	204	140	Multiple dependent claim																																																																																																																																																																																																																																																																																											
109	84	209	42	Reissue independent claims over original patent																																																																																																																																																																																																																																																																																											
110	18	210	9	Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																											
SUBTOTAL (2) (\$)																																																																																																																																																																																																																																																																																															
Other fee (specify)																																																																																																																																																																																																																																																																																															
* Reduced by Basic Filing Fee Paid						SUBTOTAL (3) \$290.00																																																																																																																																																																																																																																																																																									

SUBMITTED BY

Name (Print/Type)	Peter T. Holsen	Registration No.	54,180	Telephone	(414) 271-7590
Signature	<i>Peter T. Holsen</i>			Date	9/8/03

Appln. No. 10/018,987  
Extension dated September 8, 2003  
Responsive to Office Action of June 4, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - Amendments - Fee , P.O. Box 1450, Alexandria, VA 22313-1450 on the 8<sup>th</sup> day of September, 2003.

  
Jo Ann Kuczynski

9-8-03

Date